



Application for registration of medicine: chronic and prescribed minimum benefits (PMB)

Enquiries: 086 0100 678
Postal address: PO Box 26004, ARCADIA, 0007
Email address: medicineapp@medihelp.co.za

Section 1: To be completed by the patient

Details of principal member

Title _____ Identity number

Surname _____ Initials _____

Benefit option _____ Membership number

Details of patient

Title _____ Identity number

Surname _____ Initials _____

Tel number (H) _____ Gender

Cell phone number _____ Tel number (W) _____

Email address _____

I understand and declare that my application shall be void should any information supplied by me be false or incomplete. I grant permission to my doctor to state the diagnosis of my medical condition on this form and understand that the information on this application form will remain confidential at all times. I understand that authorisation is subject to clinical entry criteria and algorithms as determined by Medihelp.

Signature of patient

(parent/guardian if minor)

Date

Section 2: To be completed by the medical practitioner

Details of medical practitioner

Initials and surname _____

Type of practitioner (e.g. general practitioner) _____

Practice number _____ Tel number _____

Email address _____

I declare that to the best of my knowledge, all the information provided in this application is true and accurate. I acknowledge that Medihelp can only make informed reimbursement decisions if supplied with all relevant information regarding the patient's condition.

Signature

Date

Required criteria for approval of PMB chronic medicine benefits

Members can apply for **PMB medicine** benefits for the following 26 chronic conditions on the Chronic Diseases List (CDL). It is imperative that a patient **meet the criteria** as stipulated in the application form when applying for benefits for these conditions. The following details are provided for your information only, and should kindly not be returned to Medihelp with your application. In the case of **MedMove!**, **MedVital Elect**, **MedAdd Elect** and **MedPrime Elect** members the relevant formulary must be consulted before medicines for PMB conditions are prescribed.

PMB condition	Requirements for all benefit options
Addison disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, paediatrician or endocrinologist Diagnostic serum cortisol levels and ACTH stimulation test in case of a new application
Asthma	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner Children younger than 3 years: diagnosis by a paediatrician or paediatric pulmonologist in case of a new application Combination of asthma and COPD to be confirmed by a pulmonologist or specialist physician
Bipolar disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist in case of a new application If diagnosed by a general practitioner, confirmation of the diagnosis by a psychiatrist within six months of a new application Complete the application form for bipolar mood disorder in section 4
Bronchiectasis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist or specialist physician in case of a new application Attach the most recent microscopic culture results and a motivation if an antibiotic is prescribed
Cardiac failure	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist or the Pro-BNP pathology test results as confirmation of diagnosis if diagnosed by another registered medical practitioner in case of a new application
Cardiomyopathy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner A lung function test indicating both the FEV1/FVC and FEV1 post-bronchodilator values Combination of asthma and COPD to be confirmed by a pulmonologist or specialist physician
Chronic renal disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or nephrologist in case of a new application Diagnostic serum creatinine clearance results or glomerular filtration rate (GFR) or the albumin-to-creatinine ratio (ACR) in case of a new application (please attach pathology results) Haemoglobin results if applying for erythropoietin
Coronary artery disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
Crohn disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, surgeon, gastroenterologist or paediatrician Diagnostic colonoscopy in case of a new application
Diabetes insipidus	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, paediatrician, endocrinologist, neurosurgeon or neurologist Positive water deprivation test in case of a new application (please attach pathology results)
Diabetes mellitus type 1	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
Diabetes mellitus type 2	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner Diagnostic fasting plasma glucose results and/or glucose tolerance test results or random blood glucose results or glycated haemoglobin A1c (HbA1c) results in case of a new application (please attach pathology results which confirmed your initial diagnosis)
Dysrhythmia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
Epilepsy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist, neurosurgeon, paediatric neurologist, paediatrician, geriatrician or specialist physician or the findings of an EEG report as confirmation of diagnosis if diagnosed by any other registered medical practitioner in case of a new application
Glaucoma	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an ophthalmologist
Haemophilia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner Diagnostic results of factor VIII or IX pathology tests in case of a new application
Hyperlipidaemia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by any registered medical practitioner Complete the application form for hyperlipidaemia in section 5 Fasting diagnostic baseline lipogram, including the total cholesterol, HDL, triglyceride and LDL values (please note that "baseline lipogram" refers to the pathology results which confirmed your initial diagnosis) Most recent fasting lipogram should the medicine change or the dosage increase

PMB condition	Requirements for all benefit options
Hypertension	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner Classify the severity of hypertension and supply the blood pressure reading – complete section 6
Hypothyroidism	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner Diagnostic TSH and FT4 pathology results in case of a new application (please attach diagnostic pathology results) Complete the application form for hypothyroidism in section 7
Multiple sclerosis	<ul style="list-style-type: none"> ICD-10 code and clinical diagnostic report by a neurologist, supported by MRI findings If disease-modifying therapy is prescribed, please phone Medihelp's Customer Care centre on 086 0100 678 to request the applicable application form
Parkinson disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or specialist physician in case of a new application and any regimen change
Rheumatoid arthritis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, rheumatologist or paediatrician
Schizophrenia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist or paediatric psychiatrist
Systemic lupus erythematosus	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, rheumatologist or paediatrician
Ulcerative colitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, gastroenterologist or surgeon Diagnostic colonoscopy or sigmoidoscopy report in case of a new application

Required criteria for approval of chronic medicine benefits

The following chronic conditions are also covered for members of the MedPlus and MedElite benefit options only. Please note that cover is subject to clinical entry criteria and protocols:

Chronic condition	Requirements (for the MedPlus and MedElite benefit options only)
Acne	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist Only severe grade of acne will be considered for benefits Clear colour photo of the affected area
Allergic rhinitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
Alzheimer's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or psychiatrist, submitted with the results of a Mini-mental report or a short test of mental status (STMS) Changes in therapy: Results of the Mini-mental report or MoCA score (Montreal cognitive assessment) or short test of mental status (STMS)
Ankylosing spondylitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist, specialist physician or orthopaedic surgeon
Attention-deficit disorder with or without hyperactivity (ADHD)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a paediatrician, psychiatrist or neurologist in case of a new application
Cushing's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an endocrinologist or specialist physician
Cystic fibrosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a paediatrician, pulmonologist, specialist physician or GP with a special interest in cystic fibrosis
Dermatitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist if combination therapy is prescribed
Gastro-oesophageal reflux disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner Gastroscopy report not older than 12 months to confirm diagnosis
General anxiety disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist
Gout (only preventive treatment)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner

Chronic condition	Requirements (for the MedPlus and MedElite benefit options only)
Huntington chorea	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a relevant specialist
Incontinence	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
Major depression	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
Ménière's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an ear, nose and throat specialist
Migraine (only preventive treatment)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner for first-line treatment Second-line treatment will be considered if prescribed by a neurologist
Motor neuron disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist
Myasthenia gravis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist Diagnostic acetylcholine receptor antibody pathology results in case of a new application Complete the application form for myasthenia gravis in case of a new application Please phone Medihelp's Customer Care centre on 086 0100 678 to request the application form
Narcolepsy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or psychiatrist
Neuropathic pain	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
Obsessive-compulsive disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist or paediatric psychiatrist
Osteo-arthritis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner Motivation required if a selective COX-2 inhibitor is prescribed
Osteoporosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner BMD report (only a DEXA scan is accepted) and an indication of the relevant risk factors
Paget's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a relevant specialist Pathology report to confirm diagnosis
Panic disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist
Pemphigus/Pemphigoid	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist, ophthalmologist or otolaryngologist Histopathology or direct immunofluorescence test on skin biopsy
Pernicious anaemia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner Pathology report to confirm diagnosis
Polycystic ovarian syndrome	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a gynaecologist
Posttraumatic stress disorder	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist or paediatric psychiatrist
Psoriasis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist
Psoriatic arthritis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist or specialist physician
Pulmonary interstitial fibrosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist
Raynaud's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
Sjögren's syndrome	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
Social phobia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a psychiatrist or paediatric psychiatrist
Thrombocytopenic purpura	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a relevant specialist
Trigeminal neuralgia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist Include the patient's medicine history

Surname and initials of principal member _____

Name of patient _____ Membership number

--	--	--	--	--	--	--	--	--	--

Section 3: To be completed by the medical practitioner

Instructions:

- 1. Complete one application form per patient.
- 2. **Incomplete or old application forms will not be processed. This application form is only valid for 2022.**
- 3. If the medicine for a **registered condition** changes, a new script and ICD-10 codes must be sent to Medihelp.
- 4. Post the completed and signed application form to **PO Box 26004, Arcadia, 0007** or email it to **medicineapp@medihelp.co.za**
- 5. Registration with Medihelp or changes to an authorisation schedule will only be valid from the date of approval. **Authorisation schedules will under no circumstances be backdated.**
- 6. If you have any enquiries please phone Medihelp’s Customer Care centre on **086 0100 678.**
- 7. The Customer Care centre is available Mondays to Thursdays from 07:00 to 17:00 and Fridays from 08:00 to 16:00.
- 8. Clinical queries from medical practitioners will be handled from Mondays to Thursdays from 07:30 to 16:00 and Fridays from 8:00 to 16:00. Only queries regarding conditions already registered with Medihelp will be handled telephonically.

Details of medicine

Diagnosis (compulsory)	ICD-10 code (compulsory)	Prescribed medicine and strength	Dosage	Quantity per month	Number of repeats

Please remember to attach the applicable pathology and/or diagnostic reports, as indicated in the list of requirements. Reports must be clear and readable. Please note that approval of medicine is subject to entry criteria and protocols as determined by Medihelp. Please refer to the MedMove! formulary when prescribing medicine for MedMove! members and to the Elect network formulary for MedVital Elect, MedAdd Elect and MedPrime Elect network members.

Name of attending physician _____ Practice number _____

Type of practitioner (e.g. cardiologist) _____

Signature of medical practitioner

Date

y	y	y	y	m	m	d	d
---	---	---	---	---	---	---	---

Surname and initials of principal member _____

Name of patient _____ Membership number

Section 4: Bipolar disorder

1. Please state the phase of illness at onset/diagnosis _____

ICD-10 code

Date diagnosed

2. Please indicate whether the current episode is a first or recurrent episode:

First episode or Recurrent episode

3. Please mark the diagnosis that is applicable to this patient:

Date of most recent episode:

- Bipolar I disorder
 - Single manic episode
 - Most recent episode – manic
 - Most recent episode – mixed
 - Most recent episode – rapid cycling
 - Most recent episode – depressive
- Cyclothymic disorder
- Bipolar II disorder
 - Most recent episode –hypomanic
 - Most recent episode – depressive

4. Please supply the patient's medicine history:

Medicine	Dosage	Duration of treatment	Specify reason for discontinuation if known

5. Specify the medicine for which you are applying.

Please note that medicine will only qualify for PMB if it is used for the indications, duration of treatment and at the dosage for which it is registered in South Africa.

Medicine	Dosage	Duration of treatment

I declare that to the best of my knowledge, all the information provided in the sections above is true and accurate. I acknowledge that Medihelp can only make informed reimbursement decisions if supplied with all relevant information regarding the patient's condition.

Signature of medical practitioner

Date

Reference:
 This form was compiled using the criteria explained in the **Maudsley prescribing guidelines 11th Ed.** in consultation with Psychiatrists in Private Practice (P3) and the South African Society of Psychiatry (SASOP).

Surname and initials of principal member _____

Name of patient _____ Membership number

--	--	--	--	--	--	--	--

Section 5: Hyperlipidaemia

Please supply the baseline lipogram values. If the baseline values are not available, confirm that the lipogram was done on therapy and specify the medicine currently being used:

Please attach the pathology report to this application.

Baseline lipogram	
-------------------	--

 or

On therapy	
------------	--

Total cholesterol _____

If on therapy, indicate the medicine used when the attached lipogram was done or values were determined _____

Triglycerides _____

Duration of therapy, if on therapy _____

HDL _____

Age when diagnosed _____

LDL _____

Does the patient have symptomatic atherosclerotic disease confirmed by a cardiologist specialist physician or did the patient have a previous incident?

Yes	No
-----	----

- Supply the correct ICD-10 code for the above condition or incident _____

- Practice number of specialist physician/cardiologist or description of previous type of incident _____

Type 1 diabetes with demonstrated microalbuminuria or proteinuria – attach the pathology results

Yes	No
-----	----

Type 2 diabetes – attach the **diagnostic pathology results** if not yet registered with Medihelp

Yes	No
-----	----

Fasting glucose	
-----------------	--

 or

Random glucose	
----------------	--

Systolic blood pressure reading _____

Is the patient on treatment for hypertension?

Yes	No
-----	----

Does the patient smoke?

Yes	No
-----	----

Genetic hyperlipidaemia:

- Diagnosed by an endocrinologist?

Yes	No
-----	----

- Practice number of endocrinologist _____

- Positive family history of myocardial infarction in:

Yes	No
-----	----

- First-grade male blood relative (father/brother) < 55 years

Yes	No
-----	----
- First-grade female blood relative (mother/sister) < 65 years

Yes	No
-----	----

- Presence of tendon xanthoma

Yes	No
-----	----

Please specify the medicine for which you are applying _____

ICD-10 code

--

Surname and initials of principal member _____

Name of patient _____ Membership number

Section 6: Hypertension

Please classify the severity of hypertension:

Mild hypertension Moderate hypertension Severe hypertension

Current blood pressure reading _____

On therapy Yes No

Please supply the patient's hypertension medicine history:

Section 7: Hypothyroidism

Please supply the pathology report with the baseline TSH and FT4 values. If the baseline values are not available, confirm that the pathology was done on therapy:

New diagnosis or On therapy

Please indicate if the following is applicable to this patient:

- TSH-value raised (In case of a new diagnosis, please attach the pathology report to this application)
- Hashimoto's thyroiditis
- Thyroidectomy
- Radioactive iodine treatment

Please specify the medicine for which you are applying _____

ICD-10 code